

To: Vermont Senate Committee on Education

From: Don Tinney, Vermont-NEA President

Date: February 2, 2023

Good afternoon. For the record, my name is Don Tinney, a high school English teacher from South Hero, currently serving as president of Vermont-NEA. I appreciate the opportunity to speak with you today as you engage in important conversations about mental health. Having testified on school safety last week, then Universal School Meals yesterday, I can't help but note how the thread of mental health is woven into those two issues and woven into almost every other issue our students, families, and educators deal with every day.

I respect and appreciate groups like NAMI Vermont and the Vermont Department of Mental Health who have worked tirelessly to reduce the stigma previously associated with mental illness. Removing the stigma has allowed us to have real conversations about depression, suicide, PTSD, anxiety, substance use disorders, and other psychological conditions. Our educators, especially our school counselors and school nurses, must have the time and resources to provide developmentally appropriate lessons for our children and youth, equipping them with the vocabulary and the comfort level that will allow them to engage in meaningful conversations about mental health, enabling them to seek the help they need and encourage their peers to find support.

I'm sure you have seen the *2022 State of Vermont's Children* report, recently published by Building Bright Futures. This comprehensive report details the many social and psychological issues facing our children and families today. While the report focuses on children from birth to age 8, the identified issues remain relevant for our students through grade 12 and beyond. Our schools are reflections of our communities, so we must remember that every societal challenge will, sooner or later, arrive in our classrooms. <https://buildingbrightfutures.org/publications/>

I will restate the concern you have heard in previous meetings: our communities are in dire need of mental health care professionals. We need more school counselors, social workers, psychologists, school nurses, and behavior interventionists in our schools. The wait times for students to see a mental health clinician are unacceptable. The Vermont Department of Mental Health, the Department of Children and Families, and regional Designated Agencies are important partners to public education, and they need to be fully funded and fully staffed so they have the capacity to serve our students and their families. The lack of in-patient services for youth with severe needs has created extreme hardships for too many Vermont families.

Years before the pandemic, educators were frustrated with how long their students had to wait to see a health care professional after they made the proper referrals. Not only are those wait times even longer today, but our educators themselves are finding obstacles to accessing the mental health care they need. Even as adult professionals with adequate health insurance, many find it difficult accessing health care because of its high costs, the frustration of dealing with Third Party Administrators and complicated insurance billings systems, and, perhaps most importantly,

the availability of providers. Given the nature and importance of their work—including the fact they often absorb the secondary trauma of their students—educators need to have affordable and easier, if not immediate, access to mental health services. I understand the Agency of Education and the Department of Mental Health are working on this issue and we applaud their efforts in supporting our educators. I have included links to the American Psychological Association that issued a report last spring explaining some of the issues our educators are facing.

<https://www.apa.org/news/press/releases/2022/03/school-staff-violence-pandemic>

<https://www.apa.org/education-career/k12/violence-educators-technical-report.pdf>

Knowing that our students were struggling with their own trauma before the pandemic, Vermont-NEA received a grant from the National Education Association Center for Great Public Schools to sponsor our May 2019 *Summit on Safe, Compassionate Learning Environments* at the Burlington Hilton, where we brought together school board members, administrators, educators and mental health clinicians for deep conversations about meeting the emotional needs of our students. At that time, students identified anxiety and depression as their major concern for their peers, while educators were witnessing an increase in disrupted learning.

<https://www.pewresearch.org/social-trends/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/>

Later that year Vermont-NEA joined our counterparts in New Hampshire, Maine, Rhode Island and Connecticut to explore new possibilities in professional development for trauma-sensitive practices that supported the social and emotional well-being of our students. We worked with Dave Melnick of NFI-Vermont to facilitate a series of webinars over the summer and fall of 2020. While we value professional development for our individual educators, we came to realize that our institutions must take a more systematic approach to supporting the social and emotional well-being of our students. Sending individual educators to a workshop and expecting a district-wide change will be disappointing, so we need to focus on the system and not only individuals.

As James Clear writes in *Atomic Habits*, “You do not rise to the level of your goals. You fall to the level of your system.” Knowing the importance of taking a district-wide, even a community-wide approach, to improve our systems, Vermont-NEA has formed a partnership with the Maine Education Association, NEA-Rhode Island, and representatives from the association leaders representing school boards, superintendents and principals to expand and strengthen labor-management collaboration with a focus on mental health. As an aside, researchers at Rutgers University have found that strong labor-management collaboration improves student achievement and increases educator retention by as much as 14 percent. While in the early stages, we are hopeful that this shared leadership approach will contribute to the continuous improvement of school climate and support for the mental health of our students. One example of this might be a team of educators and counselors evaluating the pre-K to 3 curriculum following the imposition of Common Core State Standards and high stakes testing to decide whether or not we should return to a more play-based curriculum in which students can experience the pure joy of learning while developing healthy relationships.

In closing, I would like to remind all of us that part of growing up is learning how to self-regulate one's behavior and emotional responses. For example, an occasional temper tantrum when we were two might have gotten us the attention we craved, but it is not an effective strategy later in life. As educators, we must teach our students how to self-regulate through what is now often referred to as social emotional learning. Many educators across the nation are having success with mindfulness training and yoga practices to support their students in learning how to self-regulate. I want to be clear that emotional dysregulation and subsequent disruptive behavior is not always a sign of a mental health condition, but often it is, so this is one clear example of why our schools need to be staffed with mental health professionals who can make those distinctions and provide the necessary services to students, their families and educators.

Thank you. I welcome any questions and comments.